

EXHIBIT 38

Filed Under Seal

Preliminary Review

Incident Details

UOF # 1703/23
Occured Date 04/04/2023
Injury Class C
Inmate 18 or Younger No
Immediate ID Referral
Class A UOF No
Actual or Alleged Blows to Head Yes
Actual or Alleged Kicking No
Actual or Alleged Use of No
Instrument of Force
Inmate Was in Restraints No
Prohibited Restraint Hold(s) No
Video Surveillance Malfunction No
Presence of Unexplained Fac s Yes
Direct Referral from Facility No
Prior UOF Violation OATH Plea No

Video

Video Captured Yes

Remarks

Investigator's Justification for U1703-2023

Determination BRIEF Incident Summary

On April 4, 2023, at approximately 0925 hours, within the confines of RNDC 5 Upper North, during an ESU search Officer [REDACTED] could be seen at PIC [REDACTED] cell. Officer [REDACTED] unholstered his OC and deployed chemical agents into the cell (as he was ordering [REDACTED] to "put it down, put it down, put it down"). PIC [REDACTED] could be seen throwing an item out of the cell towards Officer [REDACTED] and PIC [REDACTED] was seen simultaneously aggressively charging towards staff. Officer [REDACTED] along with Officers [REDACTED], and [REDACTED] and Captain [REDACTED] all utilized control holds (grabbing and grasping the PIC's arms and upper torso) to take the PIC's to the ground. Once staff were able to gain control of both PIC's, restraints were applied terminating the incident.

NOTE: BWC [REDACTED] along with Genetec angle [REDACTED] beginning at 0927 hours show the following: Officer [REDACTED] could be seen assisting another MOS with retrieving paperwork that had fallen to the ground. While retrieving the paperwork, Officer [REDACTED] was observed with a sharpened piece of plexiglass in his right hand.

Privileged and Confidential

Officer [REDACTED] was observed with a sharpened piece of plexiglass in his right hand. Officer [REDACTED] then entered cell #24 (assigned to PIC [REDACTED]) and could be seen concealing the piece of plexiglass underneath paper that was on the shelf above the sink area. Officer [REDACTED] then conducts a search of cell #24, and the officer retrieves the same piece of plexiglass that he concealed moments earlier. Officer [REDACTED] then exits the cell and announces that he recovered the sharpened piece of plexiglass from inside of the cell.

Video Surveillance

On April 4, 2023, this investigator viewed the following angles from April 4, 2023, at approximately 0900 hours to 1030 hours, in RNDC 5UN and Intake.

- (A) [REDACTED]
- (B) [REDACTED]
- (C) [REDACTED]

BWC:



Video footage depicted the incident as narrated above.

Staff/PIC Injuries, Accuracy of UOF classification:

On April 4, 2023, PIC [REDACTED] was seen on the RNDC clinic and refused medical attention, had no visible injuries, and was returned to his housing area.

On April 4, 2023, PIC [REDACTED] was seen in the RNDC clinic and refused medical attention, had no visible injuries, and was returned to his housing area.

Brief summary of Staff and PIC statements

PIC [REDACTED] stated the following to the Investigation Division on April 23, 2023. During the search the body I put my clothes on Officer [REDACTED] turned the body camera off.

PIC [REDACTED] stated that he didn't want any problems, and stripping for the search would break his fast. (Muslim, Ramadan). I had the Quran in my hand, and he kept telling me to back up. PIC [REDACTED] told him he didn't want to be cuffed for the search, but he could search his cell. Officer [REDACTED] again told him to back up and to put the Quran down, then they sprayed him. [REDACTED] stated that he pushed his way out of the door into the hallway where he was sprayed again. [REDACTED] stated that Officer [REDACTED] punched him to the face and head while in the cell, and he did not have a weapon like they said. He just wanted to be body scanned, instead of strip searched.

PIC [REDACTED] stated the following to the Investigation Division on April 23, 2023. PIC [REDACTED] stated that it was Ramadan, and they didn't want to provide services of them getting body scanned, they always violate.

Staff reports were mostly consistent with what was observed on video footage. Officer [REDACTED] delivered a hard take down on PIC [REDACTED], due to PIC [REDACTED] aggressively charging out of the cell and throwing punches towards the officer's head. Officer [REDACTED] stated in his UOF Report that he delivered multiple closed fists strikes to PIC [REDACTED] area, as a last resort to stop the commission of an assault.

However, Officer [REDACTED] report contained false information regarding the discovery of the sharpened piece of plexiglass inside of [REDACTED] cell. Officer [REDACTED] falsely claimed that he discovered the 4 1/2 sharpened piece of plexiglass by the sink area, where the UOF occurred.

Facility Rapid Review:

The facility deemed this incident unavoidable and did identify procedural errors.

Conclusion:

Based on the evidence as cited above, it is recommended that this case be upgraded to a Full ID investigation. This is based on PIC [REDACTED] allegation that Officer [REDACTED] punched him to the head and face during the incident while inside of the cell. In addition, to CO [REDACTED] own admission that he delivered several closed fists strikes to PIC [REDACTED] facial area, as stated in the officer's UOF report. MEO-16 interviews are recommended to address the PIC's allegation. Additionally, Officer [REDACTED] was made the subject of a suspension from duty based on his conduct captured on his BWC. Officer [REDACTED] was observed concealing a sharpened piece of plexiglass inside of PIC [REDACTED] cell. Officer [REDACTED] goes on to perform a search of the cell and discovers the same sharpened piece of plexiglass he initially concealed. Upon exited the cell, Officer [REDACTED] falsely announces that he recovered the sharpened piece of plexiglass from inside of [REDACTED] assigned cell.

Conclusion

Staff Reassignment During Investigation

No

DOI Referral for Staff

No

DOI Referral for Inmate

No

Injury Properly Classified

Yes

Review End Date

04/24/2023

Workflow

DDI Intervention

Workflow Action

Approve Preliminary Review (initiate ID Investigation)

Created By

[REDACTED]

Created Date

[REDACTED]

Updated By

[REDACTED]

Updated Date

05/23/2023 04:08 PM

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74

NCF 1703/23

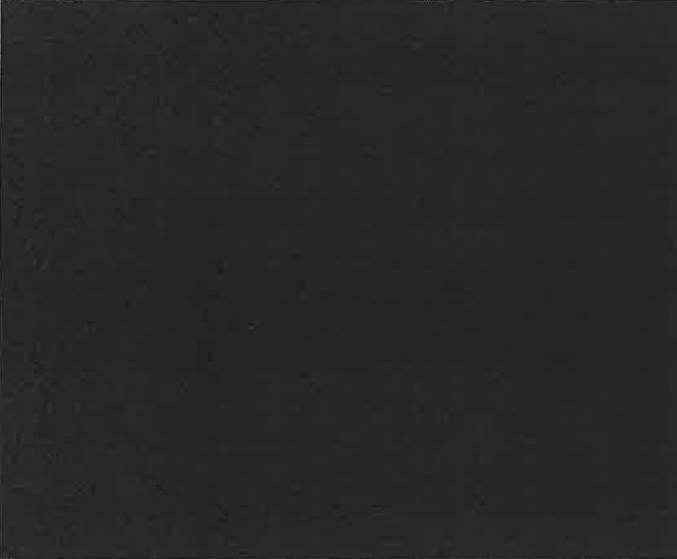
Date: Tuesday
TC:
From [REDACTED]
Subject: NCF -
Location: 5 Upper South
Inv. Capt. [REDACTED]
Gardeac: 23.70 23.72
(C): ADW [REDACTED]

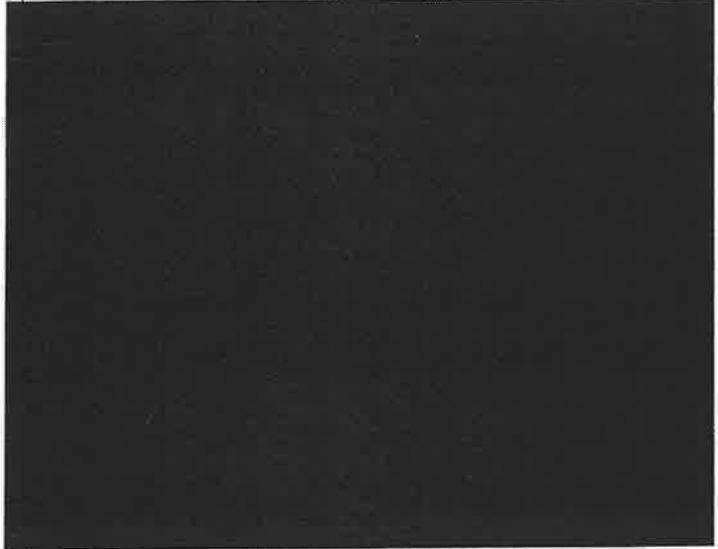
Staff: Capt. [REDACTED] DRP 12-23-15 clu [REDACTED]
[REDACTED] DCA 12-19-2016 clu [REDACTED] DCA 3-
[REDACTED] DCA 1-13-2019 clu [REDACTED]
-19-17. clu [REDACTED] DCA 6-27-2016

Inmate: [REDACTED]

On Tuesday April 4, 2023, at approximately 10:30 hours. During a random ESU search in 5 Upper South inmate [REDACTED] in cell #24 was given instruction to drop the items in his hands. Inmate [REDACTED] refused. Without provocation inmate [REDACTED] advanced towards officer [REDACTED] office. [REDACTED] then utilized an application of chemical agents towards inmate [REDACTED]. Simultaneously inmate [REDACTED] advanced towards staff throwing closed fist punches toward the staff. A ESU officers used upper and lower body control holds holding the inmate down to the ground. [REDACTED] and [REDACTED] were placed in restraints and escorted to the intake area. No further force utilized. Recovered 4.5-inch sharpened piece of plexiglass.

Respectfully submitted

	CITY OF NEW YORK CORRECTION DEPARTMENT		
	Robert N. Davoren Center		
	Incident Photo		
Type of Incident:	UOF <input type="checkbox"/> COD <input type="checkbox"/> Other <input type="checkbox"/>	Date & Time of Incident:	04/04/2023 09:25
UOF #:	1703/23 - C	Incident Status:	Actual <input type="checkbox"/>
First Name:	<input type="text"/>	NYSID #:	<input type="text"/>
Last Name:	<input type="text"/>	Book & Case #:	<input type="text"/>
Inmate	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Other	<input type="checkbox"/>		
 NTIAL ATTORNEYS' EYES ONLY			
Phot Date	04 05 202		
Phot Taken By			
Investigating Supervisor:	Captain <input type="text"/>		
Photo Description:	Other-refused		

	CITY OF NEW YORK CORRECTION DEPARTMENT		
	Robert N. Davoren Center		
	Incident Photo		
Type of Incident:	UOF <input type="checkbox"/> COD <input type="checkbox"/> Other <input type="checkbox"/>	Date & Time of Incident: 04/04/2023 09:25	
UOF #: 1703/23 - C	Incident Status: Actual	NYSID #: [REDACTED]	
First Name: [REDACTED]	Book & Case #: [REDACTED]		[REDACTED]
Last Name: [REDACTED]	Inmate <input type="checkbox"/>	Staff <input type="checkbox"/>	Other <input type="checkbox"/>
			
ANTORNEYS' EYES ONLY Phot Date 04 04 202 Phot Taken By [REDACTED] Investigating Supervisor: Captain [REDACTED] Photo Description: Other-REFUSED			

NEW YORK CITY DEPARTMENT OF CORRECTION

INVESTIGATION DIVISION

INMATE VOLUNTARY STATEMENT FORM

Date: 4/23/23

Time Interview Started: 2045

Location of Interview (Facility/Area): BnDC 54N.

Inmate Name: [REDACTED]

Inmate Book and Case Number: [REDACTED]

Inmate DOB: [REDACTED]

Inmate Cell/Bed Assignment: [REDACTED]

I hereby acknowledge that I made the following statement to the New York City Department of Correction Investigation Division voluntarily and of my own free will without promise or hope of reward and that no one has threatened me in any way to provide this statement.

In accordance with Departmental Directive 5006R-D (Use of Force), you will not be subject to any form of retaliation for providing information in connection with this investigation by the New York City Department of Correction.

I made this statement to Investigator [REDACTED] Shield # [REDACTED] and Investigator [REDACTED] Shield # [REDACTED]

Verbal stated that it was Ramadan and they didn't want to provide the services of getting them body scanned, they always asked

Inmate Signature: [REDACTED]

Date: 4/23/23 Time: 2045

Investigator Witness: [REDACTED]

Date: 4/23/23 Time: 2045

Investigator Witness: [REDACTED]

Date: 4/23/23 Time: 2045

Page: 1 of 1

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NEW YORK CITY DEPARTMENT OF CORRECTION

INVESTIGATION DIVISION

INMATE VOLUNTARY STATEMENT FORM

Date: 4/23/23Time Interview Started: 8:19 55Location of Interview (Facility/Area): GRVC15B

Inmate Name: [REDACTED]

Inmate Book and Case Number: [REDACTED]

Inmate DOB: [REDACTED]

Inmate Cell/Bed Assignment: Cell # 19

I hereby acknowledge that I made the following statement to the New York City Department of Correction Investigation Division voluntarily and of my own free will without promise or hope of reward and that no one has threatened me in any way to provide this statement.

In accordance with Departmental Directive 5006R-D (Use of Force), you will not be subject to any form of retaliation for providing information in connection with this investigation by the New York City Department of Correction.

I made this statement to Investigator [REDACTED]

Shield # [REDACTED] and Investigator

Shield # [REDACTED]

During the search the body camera was on, I sat
 My hands. Once I was dressed, he turned the body
 camera off. He said he didn't want any problems.
 So he said if he could be naked during the search.
 Stripping for the search would break my fast (Muslim
 Religion). To hold the koran in my hand, he kept telling
 me to take it off but he told him that he wanted to
 be naked for the search but he could search the cell, so
 kept saying back up, put that down (the koran) then they
 sprayed he peeled his way out the door, and finally
 sprayed again. It scared him to face my bench
 I did not have a weapon like they said, he just
 wanted to be body scanned.

Inmate Signature: [REDACTED]

Date: 4/23/23 Time: 2000

Investigator Witness: [REDACTED]

Date: 4/23/23 Time: 2000

Investigator Witness: [REDACTED]

Date: 4/23/23 Time: 2000Page: 1 of 1

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		CORRECTION DEPARTMENT CITY OF NEW YORK				
INMATE VOLUNTARY STATEMENT FORM				Form: IVS-1 Eff.: 1/24/19		
Inmate's Name:				Date:	4/4/23	
Book and Case Number:		Date of Birth:		Age:	31	Housing Area: 5US
<p>I hereby acknowledge that the following written statement issued was made VOLUNTARILY of my own free will without promise of reward, or under any threat of physical harm or fear of such. Additionally, you will not be subject to any form of retaliation for providing information in connection with this investigation by the New York City Department of Correction.</p> <p><i>Refused</i></p> <p style="text-align: center;">ATTORNEYS' EYES ONLY</p>						
Inmate's Signature:				Date:	4/4/23	
Witness by (print name):		Witness Signature:		Rank:	Capt	
and Confidential						

		CORRECTION DEPARTMENT CITY OF NEW YORK				
INMATE VOLUNTARY STATEMENT FORM				Form: IVS-1 Eff.: 1/24/19		
Inmate's Name:			Date:	4/4/23		
Book and Case Number:	Date of Birth:	Age:	35	Housing Area:	5US	
<p>I hereby acknowledge that the following written statement issued was made VOLUNTARILY of my own free will without promise of reward, or under any threat of physical harm or fear of such. Additionally, you will not be subject to any form of retaliation for providing information in connection with this investigation by the New York City Department of Correction.</p> <p><i>Refused</i></p> <p style="text-align: center;">ATTORNEYS' EYES ONLY</p>						
Inmate's Signature:			Date:	4/4/23		
Witness by (print name):	Witness Signature:		Rank:	Capt		
<p>and Confidential</p>						

	CORRECTION DEPARTMENT CITY OF NEW YORK			
INJURY TO INMATE REPORT		Page 1 of 2 Pages	Form: 167R-A Rev.: 10/3/19 Ref.: Dir. 4516R-D	
INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed investigation to Security.				
Command:	Date:	COD/UOF#:	Injury #:	
RNDC	4/4/23	1716173	3507-FB3	
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY)				
Inmate Name (Last Name, First Name)				
Location Where Injury Occurred:	Inmate's Housing Area:	Book & Case Sentence #:		
Details: <u>ON TUESDAY April 4, 2023 AT APPROX 0945</u> <u>itours inmate</u>				
<u>Was involved in a use of</u> <u>force with one staff, chemical agents utilized</u>				
Supervisor Notified (Print Last Name) <u>Lodt</u>	Date:	Time:		
Employee: I <input type="checkbox"/> (Did) <input checked="" type="checkbox"/> (Did Not) Witness Injury.	Full Name (Print):	Rank/Title:	Shield/ID#:	
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)				
A				

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	CORRECTION DEPARTMENT CITY OF NEW YORK			
INJURY TO INMATE REPORT			Page 1 of 2 Pages	Form: 167R-A Rev.: 10/3/18 Ref.: Dir. 4516R-D
INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed Investigation to Security.				
Command: <i>RNDC</i>	Date: <i>4/4/23</i>	COD/UOF#: <i>1703123</i>		
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).				
Inmate Name (Last Name, First Name): [REDACTED]				
Location Where Injury Occurred: <i>Upper North</i>	Inmate's Housing Area: <i>Upper North</i>	NYSID #: [REDACTED]	Book & Case Sentence #: [REDACTED]	
Details: <i>On Tuesday April 4, 2023 at approx 0945 hours inmate [REDACTED] was involved in a use of force with doc staff, Chemical agents utilized.</i>				
Supervisor Notified (Print Last Name, First Name, Rank, Shield #): <i>Coat</i>	Date: <i>4/4/23</i>	Time: <i>0940 hrs.</i>		
Employee: <input type="checkbox"/> (Did) <input checked="" type="checkbox"/> (Did Not) Witness This Injury	Full Name (print): [REDACTED]	Employee Signature: [REDACTED]	Rank/Title: <i>Co</i>	Shield/ID#: [REDACTED]
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)				

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CITY OF NEW YORK
DEPARTMENT OF CORRECTION
CHAIN OF CUSTODY

THE EVIDENCE / WEAPON (S) / NARCOTICS, TOBACCO, DESCRIBED BELOW:

4.5 inch sharpened piece of plexiglas

Inmate: [REDACTED] B&C #: [REDACTED]

Was secured as follows:

Brown evidence

Was discovered by: C.O. [REDACTED] Shield #: [REDACTED]

At approximately 0930 Hours, on Apr. 1 4th 2023

THE ABOVE DESCRIBED ITEM (S) WAS SURRENDERED TO:

NAME/RANK	SHIELD	DATE	TIME
<u>C.O.</u>	[REDACTED]	<u>4/4/23</u>	<u>0930</u>
	[REDACTED]		
	[REDACTED]		

On Apr. 1 4th 2023 the above described item (s) was

Surrendered by: C.O. [REDACTED] Shield # _____

To: C.I.A. [REDACTED] Shield # _____ of the

INTELLIGENCE BUREAU AND WILL BE VOUCHERED AS ARREST EVIDENCE

(SIGNATURE / RANK / SHIELD OF M.O.S. SURRENDERING EVIDENCE, DATE)

(SIGNATURE / RANK / SHIELD OF M.O.S. RECEIVING EVIDENCE, DATE)

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PRINT OR TYPE ALL INFORMATION

INCIDENT REPORT FORM

FACILITY: RNDC	DATE OF REPORT: 4/4/23
DATE OF INCIDENT: 4/4/23	TIME OF INCIDENT: Approx: 0930
LOCATION: 5 upper north	TYPE OF INCIDENT: Strip Search
SUBMITTED BY: [REDACTED] [REDACTED]	(FIRST NAME) C.O. (RANK) [REDACTED]
POST ASSIGNED AT TIME OF INCIDENT: FSU Rapid Response Team	TOUR WORKING AT TIME OF INCIDENT <input checked="" type="checkbox"/> 11x11 (<input checked="" type="checkbox"/>) 13x13 (<input checked="" type="checkbox"/>) 3x11 (<input type="checkbox"/>) OTHER (<input type="checkbox"/>)
IF FORCE WAS USED:	

IF FORCE WAS USED:

On April 11 2023 at approximately 0930 HRS I co
signed to ESU in the around 1531 far under the direct supervision
of Captain [REDACTED] who was working on search in cell #24
occupied by inmate [REDACTED]. Upon searching,
said inmate [REDACTED] this witness said had a book in his hand
and this writer also witness that he had a sharp piece of
unknown object that this [REDACTED] identified as a cut sharp piece
of filefogies. This writer instructed him to drop the item out which
he had refused and then took a step toward toward this writer.
writer yelled "put it down" multiple times and said inmate did not
stop and thought when this writer utilized chemical agents to his facial
area, said inmate then threw the book at the writer, then came at
the writer and threw a close fist at the writers facial area.
The actively aggressive inmate [REDACTED] utilized upper body control holds to the
ESU staff Co [REDACTED] who then utilized close fist swings at
inmate to the head. ESU staff then assisted in security said inmate
when this writer placed mechanical restraints. Said inmate then then
left out the area. This writer searched the cell and ESU staff
sharp piece of filefogies.

(FOR ADDITIONAL SPACE USE FORM 500R1)

ADDITIONAL INFORMATION

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SUPERVISOR NOTIFIED:

4/4/13 | 0932

(Last Name)

(First Name)

(Cap#)

(Shield#)

DATE

TIME

WAS CONTRABAND RECOVERED? YES NO

IF YES, DESCRIBE CONTRABAND INCLUDE HOW

CONTRABAND IS MARKED FOR FUTURE IDENTIFICATION PURPOSES:

4 1/2 inch sharp blade
of knife glow secured in a glove

CONTRABAND SURRENDERED TO:

(Last Name)

(First Name)

(C)

(Rank)

(Shield#)

INMATE INVOLVEMENT

LAST NAME

FIRST NAME

BOOK & CASE

LOCATION

INFRACTION

INJURY REPORT

Sun

 YES NO YES NO

EMPLOYEE INVOLVEMENT

LAST NAME

FIRST NAME

RANK/TITLE

(C)

SHIELD/ID#

WITNESS TO INCIDENT

 YES NO YES NO YES NO YES NO

DO YOU CLAIM ANY INJURIES REGARDING THIS INCIDENT?

 YES NO

DESCRIBE CLAIMED INJURIES:

A/C Left shoulder

COMPENSATION PAPERS SUBMITTED: YES NO

SIGNATURE OF PERSON PREPARING REPORT:

and Confidential



EMERGENCY SERVICE UNIT

SYNOPSIS OF RECOVERED CONTRABAND

DATE: April 4th 2023

TIME: 0930

INMATES NAME: [REDACTED]

BOOK & CASE # [REDACTED]

Nysid #:

Facility: BNDC

Housing Area: 50N

Cell/Bed #:

24

On person: In cell: In property: Vacant cell: Common area: Yes

No

Exact Location Weapon Found:

In inmate's hand

Type of weapon found:

Flat: Shank: Rod: Other:

Origin of Contraband:

Material made of:

Metal: Plastic: Glass: Other:

Description: (Size/Length):

4.5 inch sharpened piece of plexiglass

Recovered by (Rank, Name & shield #)

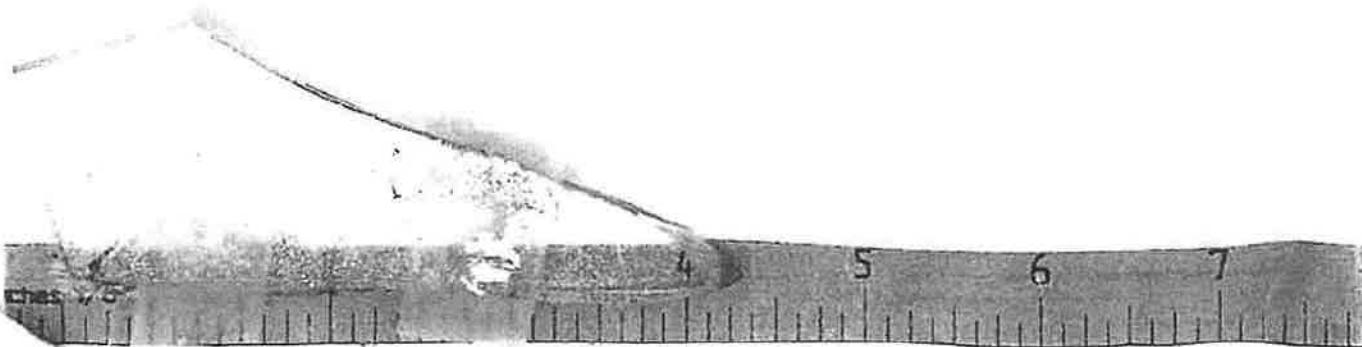
C.O. [REDACTED]

Tour of Search:

0700 X1531

Supervisor reviewing information:

Supervisor's Signature: [REDACTED]



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CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #6006-A-1	ER. : 8/27/2017																					
USE OF FORCE WITNESS REPORT				PART A-1																				
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If you used force, complete PART A, NOT this report.</small>		16 51																				
Facility: RNAC Report Date: 4/4/23 Incident Date: 4/4/23 Incident Time: 0930 hrs Facility Incident #: 144RNAC COD Use of Force #: 710323 COD Unusual #: If any:																								
Location Where Incident Occurred: 54 NORTH Post Assigned at Time of Incident: ESU RET Tour: 0700X1531																								
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list it: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Last Name</td> <td style="width: 20%;">First Name</td> <td style="width: 60%;">Book and Case or Sentence Number</td> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </table>					Last Name	First Name	Book and Case or Sentence Number	1			2			3										
Last Name	First Name	Book and Case or Sentence Number																						
1																								
2																								
3																								
2 Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Last Name</td> <td style="width: 20%;">First Name</td> <td style="width: 60%;">Book and Case or Sentence Number</td> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </table>					Last Name	First Name	Book and Case or Sentence Number	1			2			3										
Last Name	First Name	Book and Case or Sentence Number																						
1																								
2																								
3																								
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Last Name</td> <td style="width: 20%;">First Name</td> <td style="width: 15%;">Rank/Title</td> <td style="width: 15%;">Shield/ID Number</td> <td style="width: 30%; vertical-align: top;"> <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present </td> </tr> <tr> <td>1</td> <td></td> <td>CO</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td>CO</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td>CO</td> <td></td> <td></td> </tr> </table>					Last Name	First Name	Rank/Title	Shield/ID Number	<input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present	1		CO			2		CO			3		CO		
Last Name	First Name	Rank/Title	Shield/ID Number	<input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present <input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present																				
1		CO																						
2		CO																						
3		CO																						
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <p style="margin-left: 20px;">ON April 4, 2023 ON THE 0700X1531 TOUR I CO [REDACTED] WAS ASSIGNED TO THE ESU RET EMERGENCY SERVICE UNIT RAPID RESPONSE TEAM UNDER THE DIRECT SUPERVISION OF CAPT [REDACTED] READING. THIS WRITER AND OTHER ESU OFFICERS WAS DEPLOYED TO RNAC 54 NORTH TO CONDUCT A SEARCH OF UNKNOWN INMATES.</p>																								
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe: <p style="margin-left: 20px;">UNKNOWN</p>																								
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): <p style="margin-left: 20px;">AT APPROXIMATELY 0930 HRS WHILE CONDUCTING A SEARCH IN HOUSING AREA 54 NORTH OF GENERAL INMATES. UPON ENTERING THE HOUSING AREA I CO [REDACTED] WAS CONDUCTING SECURITY IN THE FRONT ENTRANCE OF HOUSING AREA WITH CHEMICAL AGENTS (MK-9) WHILE ATTEMPTING TO CONDUCT A SEARCH OF UNKNOWN INMATES. THIS WRITER NEVER WITNESSED ANY FORCE UTILIZED OR DID I USE ANY FORCE WHEN THE INCIDENT OCCURRED.</p>																								

Continued on Reverse Side

and Confidential

6 (Continued)

NTIAL
ATTORNEYS' EYES ONLY

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:
 CAPTAIN [REDACTED]

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
 UNKNOWN

9 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)
[REDACTED] CO [REDACTED] S [REDACTED]

and Confidential

	CITY OF NEW YORK - CORRECTION DEPARTMENT USE OF FORCE WITNESS REPORT				FORM #5006-A-1	Eff.: 9/27/2017																
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.			DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If you used force, complete PART A, NOT this report.</small>																			
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COP Use of Force#:	COP Unusual # if any:																
RNDC	4/4/23	4/4/23	0930	44RATT	10313																	
Location Where Incident Occurred:		Post Assigned at Time of Incident:		Tour:																		
5 Upper North		ESU - RRT		D700 X 1531																		
1 Did any other inmates witness the incident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, list #: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Last Name</th> <th style="width: 15%;">First Name</th> <th style="width: 70%;">Book and Case or Sentence Number</th> </tr> <tr> <td>1 [REDACTED]</td> <td>Unknown</td> <td>[REDACTED]</td> </tr> <tr> <td>2 [REDACTED]</td> <td></td> <td></td> </tr> <tr> <td>3 [REDACTED]</td> <td></td> <td></td> </tr> </table>							Last Name	First Name	Book and Case or Sentence Number	1 [REDACTED]	Unknown	[REDACTED]	2 [REDACTED]			3 [REDACTED]						
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2 [REDACTED]																						
3 [REDACTED]																						
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Last Name	First Name	Rank/Title	Shield/ID Number																			
1 [REDACTED]		C.O.	[REDACTED]																			
2 [REDACTED]		C.O.	[REDACTED]																			
3 [REDACTED]		C.O.	[REDACTED]																			
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <p style="margin-left: 20px;">On Tuesday April 04, 2023 on the D700 X 1531 tour, I C.O. [REDACTED] was assigned to Emergency Service Unit under the direct supervision of Captain [REDACTED]. ESU - RRT was deployed to RNDC Housing Area 5 Upper North to conduct search.</p>																						
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe: <p style="margin-left: 20px;">[REDACTED]</p>																						
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): <p style="margin-left: 20px;">At approximately 0930 hours ESU staff were involved in a couple use of force. During the time of the use of force, this writer was conducting a search inside cell belonging to unknown inmate. This writer secured the inmate inside his cell and went to assist. At the time this writer arrived at the scene inmate [REDACTED] was been securing on the floor by staff. This writer wore the axis mark and help said inmate [REDACTED] to stand on his feet. This writer and C.O. [REDACTED] were ordered to escort inmate out the housing area. Said inmate was escorted out and was relinquished to facility staff. At no time this writer used force or witness it. At no time this writer was involved in the use of force or witness force used against inmate [REDACTED]</p>																						

Continued on Reverse Side

and Confidential

5 (Continued)

ATTORNEY
ES ONLY

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

Captain [REDACTED]

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Unknown

9 Were you responsible for escorting the inmate(s) to the clinic?

YES NO

If YES, Identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Last Name, First Name, Rank and Shield #)

Signature:

C.O. # [REDACTED]

and Confidential [REDACTED]

	CITY OF NEW YORK - CORRECTION DEPARTMENT USE OF FORCE WITNESS REPORT				FORM #6006-A-1 EM : 9/27/2017																				
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.			DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If you used force, complete PART A, NOT this report.</small>																						
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:																				
RNDC	4/4/13	4/4/13	0630	144RN74	170812																				
Location Where Incident Occurred:		Post Assigned at Time of Incident:		Tour:																					
5UN		ESU / ART		773																					
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Book and Case or Sentence Number</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </table>							Last Name	First Name	Book and Case or Sentence Number	1				2				3							
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	Last Name	First Name	Rank/TITLE	Shield/ID Number																					
1			C/O																						
2			C/O																						
3			C/O																						
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <p style="margin-left: 20px;">on Friday April 4, 2013 During The 773 tour, 240 (assigned to) ESU Support Staff (on) Deployed to the above Area to conduct a search.</p>																									
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe: <p style="margin-left: 20px;">This writer doesn't recall what this writer heard.</p>																									
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): <p style="margin-left: 20px;">While this writer was conducting a search of an empty cell, this writer heard a commotion and immediately came out to assist. When in the cell, this writer observed the above mentioned inmate secured to the floor with his wrists secured behind his back. At this time, this writer rendered assistance by applying mechanical restraints to said inmate's wrists.</p>																									

Continued on Reverse Side

and Confidential

8 (Continued)

AL
ATTORNEYS' EYES ONLY

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

unsure at this time

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

force was applied on said inmate's wrist to keep him behind back for the application of mechanical restraints, without any visible injuries.

9 Were you responsible for escorting the inmate(s) to the clinic?

YES NO

If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

NFT

Submitted:

Signature:

C/o H.

and Confidential

and Confidential

6 (Continued)

NTIAL
ATTORNEYS' EYES ONLY

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

9 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, MIDDLE INITIALS) [REDACTED]

and Confidential

CITY OF NEW YORK - CORRECTION DEPARTMENT USE OF FORCE WITNESS REPORT						FORM #6006-A-1	Eff. : 9/27/2017
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.			DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If you used force, complete PART A, NOT this report.</small>			PART A-1	
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	GOD Use of Force #	GOD Unusual # if any:	
RNDC	4/4/23	4/4/23	0930	HTRU 14	1000323		
Location Where Incident Occurred:	Post Assigned at Time of Incident:			Tour:			
Upper North	(S)			7X3			
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list: NA							
2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used: Last Name First Name Book and Case or Sentence Number 1 [REDACTED] [REDACTED] [REDACTED] 2 [REDACTED] [REDACTED] [REDACTED] 3 [REDACTED] [REDACTED] [REDACTED]							
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident: Last Name First Name Rank/Title Shield/ID Number 1 [REDACTED] [REDACTED] CO [REDACTED] 2 [REDACTED] [REDACTED] CO [REDACTED] 3 [REDACTED] [REDACTED] [REDACTED] [REDACTED]							
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): On April 4, 2023, I officer [REDACTED] assigned to 1-EU RCT on the 0200 X 1521R [REDACTED] assigned to RNDC Upper North to conduct a search under the direct supervision of Captain [REDACTED]							
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe: N/A							
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): While this writer was giving instruction to an unidentified inmate at the front of the tier, a use of force began to take place at the rear of the tier. I witness inmate [REDACTED] appear to push out of his cell (24) against EU staff at which point several EU officers took said inmate down to the ground. I then put on my gas mask after seeing the inmate [REDACTED] I was giving instruction to. Once secured I proceeded to the rear of the tier and attempted to relieve officers involved in the use of force that may have been overcome by the chemical agent. EU staff then assisted said inmate to his feet to escort him out the area. While that use of force was occurring a second use of force occurred involving inmate [REDACTED]							

Continued on Reverse Side

and Confidential

6 (Continued)

I did not witness the use of force from the start. I witness ESU staff restrain inmate [REDACTED] on the floor. Inmate [REDACTED] then was assisted to his feet and escorted out the area. This writer did not leave the immediate area and does not know if anything may have occurred when said inmates were escorted out the area.



7 To the extent applicable, identify:

Captain Supervisor

and/or supervised the incident:

was the ESU

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Force was applied to said inmate torso
leg and arm. Other agents were utilized as well

9 Were you responsible for escorting the inmate(s) to the clinic?

 YES NO

If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

N/A

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

Signed:

and Confidential

		CITY OF NEW YORK - CORRECTION DEPARTMENT				FORM #6006-A.1	ER. : 9/27/2017
		USE OF FORCE WITNESS REPORT				PART A-1	
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?				<input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.	
Facility	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:	COD Unusual # If any:	
LINAC	4/4/23	4/4/22	0930	4URW14	190323		
Location Where Incident Occurred:		Post Assigned at Time of Incident:		Tour:		800-1531 606	
Super Nutt		SU RKT					
<input type="checkbox"/> 1	Did any other inmates witness the incident? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list #:						
	Last Name	First Name	Book and Case or Sentence Number				
1	LINCHING						
2							
3							
<input type="checkbox"/> 2	Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:						
	Last Name	First Name	Book and Case or Sentence Number				
1							
2							
3							
<input type="checkbox"/> 3	State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:						
	Last Name	First Name	Rank/Title	Shield/ID Number			
1			SO				
2			PA				
3			CPT				
<input type="checkbox"/> 4	If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):						
	On April 4, 2023, on the 800-1531 hour Lieutenant C.O. [REDACTED] was assigned to the cell RKT as UCMW when the direct supervisor of Captain [REDACTED] The team was requested to make rounds to conduct a search.						
<input type="checkbox"/> 5	Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:						
	The center did not utilize facts/ice any fire						
<input type="checkbox"/> 6	Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):						
	At approximately 0830 hours a use of force occurred in the tier and in cell #24 simultaneously. At this time this writer was in the beginning of the housing area. This writer then proceeded to the tier to conduct security and secure all the cells on the tier. This writer only witnessed several inmates being escorted out of the housing area by one self. This writer did not witness / utilize any force						

Continued on Reverse Side

and Confidential

6 (Continued)

ATTORNEYS ONLY

7 To the extent applicable, identify the name(s) of Staff Member who authorized and/or supervised the incident:
Opabin *att*

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
UN KNOWN

9 Were you responsible for escorting the inmate(s) to the clinic? YES NO
If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:
10:00

Submitted by: (Print) *LDN* LDP# *10* Signature *[Redacted]*

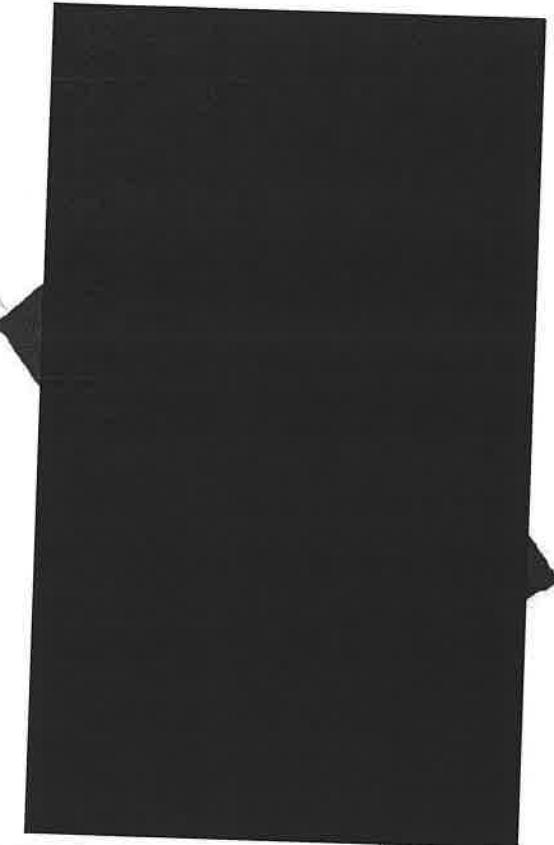
and Confidential

	CITY OF NEW YORK - CORRECTION DEPARTMENT					FORM #5006-A-1	EH : 9/27/2017																
USE OF FORCE WITNESS REPORT							PART A-1																
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Facility:	Report Date:	Incident Date:	Incident Time:	Facility	Incident #:	CO# Used Force #:	CO# Unusual # if any:																
RNDC	4/4/23	4/4/23	0930 hrs	144RRT14	1103123																		
Location Where Incident Occurred: 5 Upper North			Post Assigned at Time of Incident: ESU RRT UT Driver				Tou#: 0700X1531																
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<p>4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): On Tuesday April 4, 2023 I CO [REDACTED] was assigned to the Emergency Service Unit RRT as the UT truck Driver on the 0700X1531 hours. At approximately 0930 hours, ESU staff and I was conducting a search in RNDC 5 UN under the supervision of ESU Captain [REDACTED] </p>																							
<p>5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe: I did not hear or see alternative, such as verbal Commands Attempted before force was used. I was securing the inmate in Cell #15 </p>																							
<p>6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): At approximately 0930 hours, I was standing in front of cell # 15. I was conducting a strip search on inmate [REDACTED]. I then heard a commotion and ESU staff advising other members to secure all inmates. At this time, I closed the cell door and observed multiple ESU staff member securing two disruptive inmates on the floor. I then walked towards the area where chemical agent OC appeared to be utilized and observed ESU staff was securing inmate [REDACTED] arms with handcuffs. At this time, I donned my gas mask and immediately ran to the front of the housing area to retrieve the leg irons from the utility bag. I then went back to where the incident was taking place and observed ESU staff still securing inmate [REDACTED] on the floor. At which time I went down to the floor and applied the leg irons to the inmates feet with out any resistance. Once the inmate was properly secured, I grasped the inmate left arm and with the help of CO [REDACTED] and CO [REDACTED] assisted the inmate to his feet. Moments later, inmate [REDACTED] and other disruptive inmate identified as [REDACTED] were escorted out of the housing area by ESU staff. I then went back to the tier to continue with the operation. At no time did I used any force against any inmate. </p>																							

Continued on Reverse Side

and Confidential

(Continued)



ATTORNEYS' EYES ONLY

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident.:
ESU Captain [REDACTED]

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
Inmate [REDACTED] appeared to be exposed to chemical agent to his facial area and force appeared to be applied to the inmate arms. I did not have a clear visual of inmate [REDACTED]. no visible injuries were observed

9 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:
[REDACTED]

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD#)

[REDACTED] CO# [REDACTED]

Signature: [REDACTED]

and Confidential

	CITY OF NEW YORK - CORRECTION DEPARTMENT USE OF FORCE REPORT				FORM #5006-A	Eff. : 9/27/2017															
					PART A																
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.			DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input checked="" type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If WITNESS or only PRESENT, then complete PART A-1, NOT this report.</small>																		
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	CO# Use of Force #:	CO# Unusual # if any:															
RNDC	4/4/23	4/4/23	APPROX.0930	44RNTH	L703123																
Location Where Incident Occurred: 5 Upper North		Post Assigned at Time of Incident: ESU			Tour: 0700x1531																
<p>1 Was Supervisor notified before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, write in full NAME, RANK and SHIELD #: _____</p> <p>2 Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #: _____ Time Notified: 0935 Capt _____</p> <p>3 State name(s) of inmate(s) against whom force was used:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>B&C or Sent. Number</th> <th>Infraction Written?</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td> </tr> <tr> <td>2</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td> </tr> </tbody> </table> <p>4 Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):</p> <p>On Tuesday April 4 2023 at approximately 0930 hrs I Co _____ assigned to to ESU on the 0700x1531 tour was conducting a search in housing area 5 upper North under the direct supervision of Captain _____ . Upon searching inmate _____ in cell 24 said inmate was instructed to comply with the search procedures and that's when this writer turned off his body worn camera. This writer then instructed said inmate to take off one article of clothing at a time and pass it to this writer. Said inmate just stood looking at this writer, at which time I instructed him again to take off one article of clothing at a time. That is when this writer saw that said inmate had a book in his hand and a sharpen object in his other hand. This writer instructed him to put it down multiple times but he did not comply.</p>								Last Name	First Name	B&C or Sent. Number	Infraction Written?	1	_____	_____	_____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2	_____	_____	_____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Last Name	First Name	B&C or Sent. Number	Infraction Written?																	
1	_____	_____	_____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																	
2	_____	_____	_____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																	
NTIAL ATTORNEY'S EYES ONLY																					
<p>5 Were alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe: _____ This writer instructed said inmate to put it down multiple times, but said inmate did not comply before force was utilized.</p>																					
<p>6 Describe the incident and the specific force used:</p> <p>Said inmate then became aggressive by advancing towards this writer, that's when this writer yelled, "put it down, put it down" but to no avail. This writer then utilized one burst of chemical agent to said inmates facial area, and instructed him to turn around so this writer could place him in mechanical restraints. Said inmate then threw the book at this writer and continued to advanced towards this writer, that's when this writer pushed him on his upper torso to avoid him from assaulting this writer. Said inmate continued his assaultive behavior by throwing close fist punches towards this writer, at which time one of his punches landed to this writers facial area. Thats when CO _____ came to assist this writer by holding his legs to attempt to bring inmate _____ to the floor so he could be secured. Other unknown ESU staff came to assist, that's when said inmate was take to the ground then CO _____ held said inmates left hand and then this writer put mechanical restraints on the left arm. At this time it was safe to put my body camera on at which time I did. Then CO _____ held the right arm at which time this writer secured that arm as well with mechanical restraints. Said inmate was then assisted to his feet and taken out the area. This writer entered cell #24 and discovered a 4 1/2 inch sharpen piece of plexiglass by the sink area, where the use of force occurred. All inmates involved in the use of force were escorted out the area therefore terminating the incident.</p>																					

Continued on Reverse Side

6 (Continued)

7 Explain in detail why force was necessary to control the situation:

Force was necessary to enforce departmental rules, policies, and needed immediate need for compliance. Force was also necessary to stop the commission of a crime, including riot, assault, escape, or hostage taking.

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Force was applied to the frontal area, upper torso, Arms, and legs.

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

Capt Drayton #1781

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? YES NO

If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	Utilized lower body control holds to the legs.

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	Utilized upper body control to the left arm so this writer could place him in mechanical restraints.

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	Capt	[REDACTED]	Supervised the incident.

11 Did any other inmates witness the incident? YES NO If YES, specify:

Last Name	First Name	Book and Case or Sentence Number
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

12 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:13 Did you claim any injuries as a result of the incident? YES NO If YES, describe your injuries and how each was sustained:

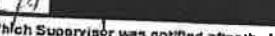
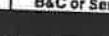
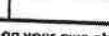
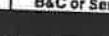
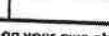
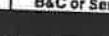
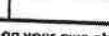
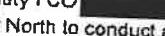
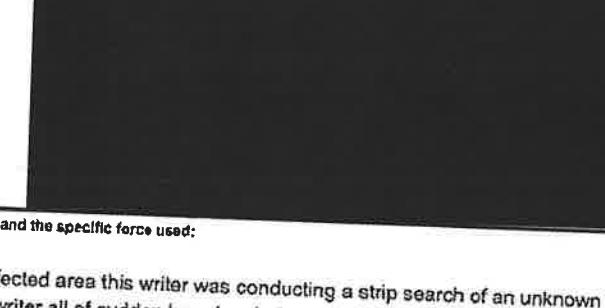
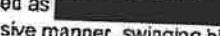
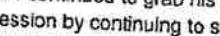
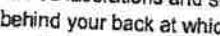
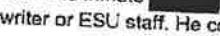
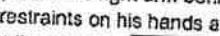
Injured to the left shoulder, and it was sustained while attempting to secure inmate Drayton.

Submitted by: (Last Name, First Name, Rank and Shield #)

, CO

Sig

en

CITY OF NEW YORK - CORRECTION DEPARTMENT USE OF FORCE REPORT						FORM #5008-A	REV.: 9/27/2017												
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.				DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input checked="" type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If WITNESS or only PRESENT, then complete PART A-1, NOT this report.</small>		PART A													
Facility: RNDC	Report Date: 4/4/2023	Incident Date: 4/4/2023	Incident Time: Approx.0930	Facility Incident #: Y2LRN4H	COD Use of Force #: 1105123	COD Unusual #: If any													
Location Where Incident Occurred: 5 Upper North		Post Assigned at Time of Incident: ESU Rapid Response Team		Tour: 7x3															
1 Was Supervisor notified before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, write in full NAME, RANK and SHIELD #: 				Time Notified: Approx. 0933															
2 Which Supervisor was notified after the Incident? Write in full NAME, RANK and SHIELD #: Cpt. 																			
3 State name(s) of inmate(s) against whom force was used: <table border="1"> <tr> <td>Last Name</td> <td>First Name</td> <td>B&C or Sen. Number</td> <td>Infraction Written?</td> </tr> <tr> <td>1 </td> <td></td> <td></td> <td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td> </tr> <tr> <td>2 </td> <td></td> <td></td> <td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td> </tr> </table>				Last Name	First Name	B&C or Sen. Number	Infraction Written?	1 			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2 			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
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2 			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																
4 Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action).																			
On Tuesday April 4th 2023 on the 0700x1531 tour of duty I CO  assigned to the Emergency Service Unit alongside ESU staff responded to 5 Upper North to conduct a search of the housing area, under direct supervision of Cpt. 																			
																			
5 Were alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe: Drop It. 																			
6 Describe the incident and the specific force used: <p>Upon entering the affected area this writer was conducting a strip search of an unknown inmate on the left hand side of the tier. This writer all of sudden heard verbal commands given by ESU staff towards the rear of the housing area to "Drop It." I then heard ESU staff deploy chemical agents in the area. This writer then immediately secured the cell door of the unidentified individual I was strip searching for security purposes. This writer then observed a combative heavy set individual who was later identified as  exited his cell without permission advancing towards ESU staff in a aggressive manner, swinging his arms, and punching ESU staff. I continued to approach Mr.  and immediately attempted to grab his left arm as this writer alongside ESU staff took the inmate to the floor. while on the floor I continued to grab his left arm and attempted to place it behind his back. Said inmate  continued his aggression by continuing to swing his arms towards this writer's facial area. He struck my left eyelid at which time I obtained lacerations and swelling from his assault. This writer then gave him verbal commands to place your hands behind your back at which time he refused. I then grabbed his left arm and placed it behind his back for a second time. Said inmate  continued his aggression and would not follow any orders given to him by this writer or ESU staff. He continued to yell and become irate. As I placed his left arm behind his back ESU staff placed his right arm behind his back as well. Once both hands were on his back ESU staff placed mechanical restraints on his hands and legs. Once secured he was assisted to his feet and escorted out of the area. While out the area Mr.  continued his aggression</p>																			

6 (Continued)

by spitting at ESU staff. Mr. [REDACTED] was then relinquished to facility staff for escort purposes, terminating the incident.



7 Explain in detail why force was necessary to control the situation:

To Enforce Departmental or facility rules policies regulations and or court orders where lesser means have proven ineffective and there is an immediate need for compliance.

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Upper and Lower Body, Facial area, Left arm.

9 To the extent applicable, Identify the name(s) of any Staff Member who authorized and/or supervised the incident:

CO: [REDACTED]

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? YES NO
If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	Witness

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	USE OF FORCE

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	USE OF FORCE

11 Did any other inmates witness the incident? YES NO If YES, specify:

Last Name	First Name	Book and Case or Sentence Number
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

12 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you.
N/A

13 Did you claim any injuries as a result of the incident? YES NO If YES, describe your injuries and how each was sustained:

Pain in my right and left knees, lacerations and swelling towards my left eyelid.

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)
CO [REDACTED]

Signature [REDACTED]

	CITY OF NEW YORK - CORRECTION DEPARTMENT USE OF FORCE REPORT				FORM #5006-A	Eff.: 9/27/2017												
				PART A														
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Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:												
RNDC	4/4/23	4/4/23	1930	K14RN 34	1713123													
Location Where Incident Occurred:		Post Assigned at Time of Incident:		Tour:														
5 Upper North		ESU RRT		0700X 1531														
1 Was Supervisor notified before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, write in full NAME, RANK and SHIELD #: _____																		
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1			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO															
2			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															
4 Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):																		
<p>On Tuesday April 4, 2023 I C.O. [REDACTED] assigned to ESU RRT on the 0700X 1531 tour was re-deployed to RNDC 5 Upper North due to multiple acts of violence. Under the supervision of Capt. [REDACTED] while conducting multiple strip search, the ESU team encountered disruptive inmates. While conducting a search at Cell# 25 belonging to inmate [REDACTED] a loud commotion occurred in the distance at which time I instructed inmate [REDACTED] to turn around, to which he refused.</p>																		
5 Were alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:																		
<p>I gave multiple instructions to inmate [REDACTED] to turn around towards the window in his cell, to which he refused.</p>																		
6 Describe the incident and the specific force used:																		
<p>At which time I unholstered my chemical agents (MK-4), without provocation inmate [REDACTED] rapidly closed the distance towards me swinging multiple close fist. With the immediate need for compliance I attempted to deploy chemical agents to the aggressively assaultive inmate which did not take its desired effect. While on the tier said inmate was swinging multiple close fist to my head and neck area bringing me off balance. Without any other practical alternatives available and chemical agents did not take its desired effect, I then performed an upper body control hold by grabbing said inmates torso area taking him down to the floor in attempts to neutralize the aggressive inmates combative behavior. Once on the floor I then was able to holster my chemical agents and secure said inmates left arm. ESU staff assisted with securing the legs, right arm and</p>																		

6 (Continued)

applied mechanical restraints. Once fully secured F.S.U. staff relinquished me of custody and escorted inmate [REDACTED] out of the area. I then went to decontaminate due to being effected by chemical agents. While said incident was occurring I was not able to turn on my body worn camera [REDACTED] due to the circumstances being unsafe and/or impractical to do so.

7 Explain in detail why force was necessary to control the situation:
As a last resort and where there are no practical alternatives to prevent physical harm to staff, visitors and inmates.

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
Chemical agents, left arm. No visible or apparent injuries

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:
CAPT [REDACTED]

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? YES NO
 If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	CAPT.	[REDACTED]	<i>Supervised incident</i>

11 Did any other inmates witness the incident? YES NO If YES, specify:
 Last Name _____ First Name _____ Book and Case or Sentence Number _____

12 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

13 Did you claim any injuries as a result of the incident? YES NO If YES, describe your injuries and how each was sustained:

Submitted by: (LAST NAME, FIRST NAME, RANK and SHIELD #)
 [REDACTED] C.O. [REDACTED] [REDACTED]

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5006-A	EN : 3/27/2017															
USE OF FORCE REPORT																		
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input checked="" type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If WITNESS or only PRESENT, than complete PART A-1, NOT this report.</small>																
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Facility Incident #:	COD Used Force #:	COD Unusual # if any:																
44RN74	103PS																	
Location Where Incident Occurred:		Post Assigned at Time of Incident:																
5 Upper North ESU Rapid Response Team		Tour: 0700X1531																
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#	Last Name	First Name	B&C or Agent Number	Infraction Written?														
1	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> YES <input type="checkbox"/> NO														
2	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> YES <input type="checkbox"/> NO														
4 Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):																		
<p>On Tuesday April 4, 2023 I was assigned to the ESU Rapid Response Team when we were deployed to BNDC holding area 5 Upper North to search when myself and ESU staff were involved in uses of force with inmates [REDACTED] and [REDACTED]</p>																		
5 Were alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe: <p>I was not in the area to hear alternatives such as verbal commands attempted before force was used. I was searching an inmate in a different [REDACTED]</p>																		
6 Describe the incident and the specific force used: <p>While in the process of searching an inmate I heard ESU staff behind me in a physical struggle with inmate [REDACTED] I placed the cell of the inmate I was searching and placed my gas mask. I took control of his left wrist and allowed mechanical restraints to be applied to both of his wrists. Restraints were also applied to his legs as he was still actively resisting ESU staff then instructed inmate [REDACTED] to sit up and pull his knees close to his chest then we assisted him to his feet and allowed to put on his slippers. While utilizing a proper escort hold we escorted the inmate out the housing area and secured him against the wall and awaited a facility escort team. Inmate began spitting at ESU staff as we relinquished escort to</p>																		

6 (Continued)

facility escort team terminating incident.



7 Explain in detail why force was necessary to control the situation:

As per Directive 5006R-D.V.A.1. As a last resort and where there are no practical alternatives available to prevent physical harm to staff, visitors, inmate or other persons.

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Arms, legs and facial area

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

Capt [REDACTED] supervised the ESN Rapid Response Team.

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident?

YES NO

If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	See Report

1

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	See Report

2

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	See Report

3

11 Did any other inmates witness the incident? YES NO If YES, specify:

Last Name	First Name	Book and Case or Sentence Number
[REDACTED]		
[REDACTED]		
[REDACTED]		

12 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

13 Did you claim any injuries as a result of the incident? YES NO If YES, describe your injuries and how each was sustained:

[REDACTED]

Submitted by: (PRINT LAST NAME, FIRST NAME, RANK and SHIELD #)

[REDACTED]

CN

Signature:

[REDACTED]

en

CITY OF NEW YORK - CORRECTION DEPARTMENT USE OF FORCE REPORT					FORM #5006-A	Eff. : 9/27/2017															
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.			DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input checked="" type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE IF WITNESS or ONLY PRESENT, then complete PART A-1, NOT this report.																		
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:															
RNDC	4/4/23	4/4/23	0930	144RN74	103R3																
Location Where Incident Occurred:	Post Assigned at Time of Incident:			Tour:																	
5 Upper North	ESU Rapid Response Team			0700 x 1531																	
1 Was Supervisor notified before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, write in full NAME, RANK and SHIELD #: [REDACTED]																					
2 Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #: Captain [REDACTED] Time Notified: 0930																					
3 State name(s) of inmate(s) against whom force was used: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 10%;">#</th> <th style="text-align: left;">Last Name</th> <th style="text-align: left;">First Name</th> <th style="text-align: left;">B&C or Sent. Number</th> <th style="text-align: left;">Infraction Written?</th> </tr> <tr> <td style="text-align: center;">1</td> <td style="background-color: black; color: black;">[REDACTED]</td> <td style="background-color: black; color: black;">[REDACTED]</td> <td style="background-color: black; color: black;">[REDACTED]</td> <td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="background-color: black; color: black;">[REDACTED]</td> <td style="background-color: black; color: black;">[REDACTED]</td> <td style="background-color: black; color: black;">[REDACTED]</td> <td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td> </tr> </table>							#	Last Name	First Name	B&C or Sent. Number	Infraction Written?	1	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
#	Last Name	First Name	B&C or Sent. Number	Infraction Written?																	
1	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																	
2	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																	
4 Explain in detail the sequence of events leading up to the incident based on your own observations. Including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <p>On Tuesday April 4th 2023 at approximately 0930 hours on the 0700 x 1531 tour of duty. I CO [REDACTED] assigned to the ESU Rapid Response Team by the Main Recorder redeployed to RNDC 5 Upper North to conduct a housing unit search. While I was standing by cell #25 with my B&C [REDACTED] off for the privacy of the inmates in order to gather the names and B&C numbers for the search roster. I overheard a commotion going on in cell #24. I immediately dropped my clipboard and entered cell #24. As I entered the cell I observed an unknown inmate later identified as [REDACTED] throwing multiple closed fist punches toward CO [REDACTED] facial and upper torso area.</p>																					
5 Were alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe: <p>I gave [REDACTED] verbal commands to "STOP Resisting."</p>																					
6 Describe the incident and the specific force used: <p>Due to the severity of the assault and my immediate need for compliance and inmate [REDACTED] refused to comply with the verbal commands given without having adequate time to unholster my chemical agents I immediately gave multiple closed fist strikes to inmate [REDACTED] facial area. As a last resort to stop the commission of assault. As [REDACTED] was still assaulting and rapidly closing the distance I then grabbed [REDACTED] legs pulling him out of the cell securing him to the floor. Once secured to the floor ESU staff applied mechanical restraints to the combative inmate and then escorted him out of the area where he was relinquished to Facility Staff and escorted to the main intake.</p>																					

6 (Continued)

7 Explain in detail why force was necessary to control the situation:
 To stop the commission of crimes including assault, where lesser means have proven ineffective and there is an immediate need for compliance!

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate.
 The facial area and legs no visible or apparent injuries.

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:
 Captain [REDACTED] supervised the RKT.

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? YES NO
 If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	C.O.	[REDACTED]	Present

1

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	C.O.	[REDACTED]	Present

2

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	C.O.	[REDACTED]	Present

3

Name	Rank/Title	Shield/ID Number	Account of Actions
[REDACTED]	C.O.	[REDACTED]	Present

11 Did any other inmates witness the incident? YES NO If YES, specify:
 Last Name _____ First Name _____ Book and Case or Sentence Number _____

12 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

13 Did you claim any injuries as a result of the incident? YES NO If YES, describe your injuries and how each was sustained:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)
 _____ Signal _____

CITY OF NEW YORK - CORRECTION DEPARTMENT

FORM #5005-A

ER: 9/27/2017

USE OF FORCE REPORT

PART A

INSTRUCTIONS: PRINT ALL INFORMATION
To be completed by any member involved in a use of force incident.
Use attachments if additional space is needed and indicate Part and
Information Section # on each attached page.

DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT
AT THE SCENE?

USED FORCE

WITNESS/PRESENT AT THE SCENE

If WITNESS or only PRESENT, then complete PART A-1, NOT this report.

Facility: RNDC	Report Date: 4/4/23	Incident Date: 4/4/23	Incident Time: APPROX 0930AM	Facility Incident #: 1KKRN74	COD Use of Force #: 70320	COD Unusual #: N/A
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Location Where Incident Occurred: 5 UPPER NORTH	Post Assigned at Time of Incident: ESU Rapid Response Team	Tour: 0700X1531 har
--	---	----------------------------

1 Was Supervisor notified before force was used? YES NO If YES, write in full NAME, RANK and SHIELD #: **Captain [REDACTED]**

2 Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #: **Captain [REDACTED]**

Time Notified: **940 hrs**

3 State name(s) of inmate(s) against whom force was used:

Last Name	First Name	B&C or Sent. Number	Violation Written?
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> YES <input type="checkbox"/> NO

4 Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):

On Tuesday April 04, 2023 at approximately 0930 hours, I Officer [REDACTED] # [REDACTED] assigned to Emergency Service Unit 8 Rapid Response Team on the 0700X1531 tour tour under direct supervision of Captain [REDACTED] along with ESU members were redeployed to RNDC Housing Area 5 Upper North to conduct a random search

5 Were alternatives, such as verbal commands, attempted before force was used? YES NO If YES, describe: [REDACTED]

6 Describe the incident and the specific force used:

While strip searching procedures was in progress on right side of housing area 5 Upper North a use of force occurred with (2) disruptive actively resisting inmates which spilled onto the tier. Unknown inmates were twisting & turning their bodies refusing to be secured with mechanical restraints resisting ESU Staff. It appeared that chemical agents were introduced to their facial area. This writer heard ESU Staff state "Secure your inmate at which time I secured my assigned cell & assisted Staff. I donned my gas mask & assisted Officer [REDACTED] with Inmate [REDACTED] b. assisting him up to his feet and double escorting out of the immediate area to begin the decontamination process by providing him fresh air. While escorting Inmate [REDACTED] he attempted to drop to the floor but I reaffirmed my escort hold to prevent him. Once on the wall, it was several occurrences where I had to reaffirm my escort hold due to his twisting & turning. Captain [REDACTED] requested a factory escort team upon their arrival Said inmate was reengaged terminating incident.

Continued on Reverse Side

6 (Continued)

This writer had escort hold of right wrist & elbow.



7 Explain in detail why force was necessary to control the situation:

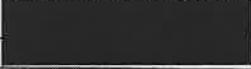
As a last resort, when an inmate in restraints is still dangerous to oneself and/or others

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

right wrist & elbow

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

Captain


10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? YES NO

If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank/Title	Shield/ID Number	Account of Actions
1	CO		Right arm escort hold

Name	Rank/Title	Shield/ID Number	Account of Actions
2	CO		see report

Name	Rank/Title	Shield/ID Number	Account of Actions
3	Capt		supervised incident

11 Did any other inmates witness the incident? YES NO If YES, specify:

Last Name	First Name	Book and Case or Sentence Number

12 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:13 Did you claim any injuries as a result of the incident? YES NO If YES, describe your injuries and how each was sustained:

Submitted by (Last Name, First Name and Shield #):

CO

Signature:

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #8008-A		EN. : 9/27/2017																
USE OF FORCE REPORT						PART A														
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.			DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input checked="" type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If WITNESS or only PRESENT, then complete PART A-1, NOT this report.</small>																	
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	CDC Use of Force #:															
RDOC	4/4/23	4/4/23	1130	44RN74	170323															
Location Where Incident Occurred:		Post Assigned at Time of Incident:		Tour:																
5 Upper North		ESU RRT		0700 x 1531																
1 Was Supervisor/Officer present before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, write in full NAME, RANK and SHIELD #: <small>(Capt.)</small>																				
2 Which Supervisor was positioned closest to incident? Write in full NAME, RANK and SHIELD #: Time Notified: <small>(Capt.)</small> On Scene																				
3 State name(s) of inmate(s) against whom force was used: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">#</th> <th style="width: 20%;">Last Name</th> <th style="width: 20%;">First Name</th> <th style="width: 20%;">B&C or Sent. Number</th> <th style="width: 20%;">Infraction Written?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="background-color: black;"></td> <td style="background-color: black;"></td> <td style="background-color: black;"></td> <td style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="background-color: black;"></td> <td style="background-color: black;"></td> <td style="background-color: black;"></td> <td style="text-align: center;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </tbody> </table>						#	Last Name	First Name	B&C or Sent. Number	Infraction Written?	1				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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1				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																
2				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																
4 Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <p style="margin-left: 20px;">On Thursday April 4, 2023 I CO [REDACTED] assigned to ESU RRT under the supervision of Capt. [REDACTED] deployed to RDOC 5 Upper North to conduct a search.</p>																				
5 Were alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe: <p style="margin-left: 20px;">"Stop resisting". "Put your hands behind your back." "Get on the ground"</p>																				
6 Describe the incident and the specific force used: <p style="margin-left: 20px;">While conducting a search on an unknown inmate this writer overheard Commands "Get down on the ground". Shortly after the writer secured the door to the Unknown Inmate Cell that I was securing and attempted to don my gas mask which was unsuccessful and at which time the writer assisted the unknown ASV Staff member with securing inmate [REDACTED] by securing his right arm behind his back so that he could be placed in mechanical restraints. After he was secured this writer then assisted CO [REDACTED] by relinquishing his control hold and taking over control of inmate [REDACTED]. This writer put inmate [REDACTED] in the recovery position and then assisted him to his feet and escorted him out of the housing area. It was evident that CO inmate [REDACTED] was under the effect of Chemical Agents which is why this writer removed him from the area. While escorting RN/RN escort staff inmate [REDACTED] began to twist and turn his body in attempt to break free from this writers' control holds pulling away.</p>																				

Continued on Reverse Side

6 (Continued)

Along side M [REDACTED] as the writer kept telling said inmate [REDACTED] to try to relax as this writer readjusted my control holds to his left wrist and left elbow. Shortly after Rhine's events moved to the area and I escorted him to the intake.

7 Explain in detail why force was necessary to control the situation:

To enforce departmental rules and regulations.

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

left and right wrist by control holds "escort"

9 To the extent applicable, Identify the name(s) of one Staff Member who authorized and/or supervised the incident:

Capt [REDACTED] Supervised the 184 RPT.

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? YES NO

If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

	Rank/Title	Shield/ID Number	Account of Actions
1	CO	[REDACTED]	See Report.

	Name	Rank/Title	Shield/ID Number	Account of Actions
2	[REDACTED]	CO	[REDACTED]	See Report

	Name	Rank/Title	Shield/ID Number	Account of Actions
3	[REDACTED]	Capt	[REDACTED]	Supervised

11 Did any other inmates witness the incident? YES NO If YES, specify:

Last Name	First Name	Book and Case or Sentence Number
Unknown		

12 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:13 Did you claim any injuries as a result of the incident? YES NO If YES, describe your injuries and how each was sustained:

Submitted by: (Print Last Name, First Name, Rank and Shield #)

No

en

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #5005-A	Eff. 8/27/2017																
USE OF FORCE REPORT				PART A															
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input checked="" type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If WITNESS or only PRESENT, then complete PART A-1, NOT this report.</small>																	
Facility:	RNDC	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:												
Location Where Incident Occurred:		Post Assigned at Time of Incident:		Tour:		7X3													
5UPAC North		ESU RRT																	
1 Was Supervisor notified before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, write in full NAME, RANK and SHIELD #: CAPTAIN																			
2 Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #: CAPTAIN Time Notified: 0930 hrs																			
3 State name(s) of inmate(s) against whom force was used: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">First Name:</td> <td style="width: 15%;">Last Name:</td> <td style="width: 15%;">B&C or Sent. Number:</td> <td style="width: 15%;">Infraction Written?</td> </tr> <tr> <td>1</td> <td></td> <td></td> <td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td> </tr> </table>								First Name:	Last Name:	B&C or Sent. Number:	Infraction Written?	1			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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1			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																
2			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																
4 Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force).																			
<p style="margin-left: 20px;"><u>ON TUESDAY APRIL 4, 2023 ON THE 7X3 TOUR</u></p> <p style="margin-left: 20px;"><u>ESU RPT REPLOYED TO RNDC TO CONDUCT A SEARCH</u></p> <p style="margin-left: 20px;"><u>OPERATION IN HOUSING AREA 5 UPAC NIE TO INTEL OF</u></p> <p style="margin-left: 20px;"><u>ACTS OF VIOLENCE AND POSSIBLE MORE ACTS OF VIOLENCE WITH</u></p> <p style="margin-left: 20px;"><u>INTENT TO CAUSE HARM. ESU STAFF WAS TASKED WITH</u></p> <p style="margin-left: 20px;"><u>THE SEARCHING OF MULTIPLE INMATES, REMOVAL OF ANY</u></p> <p style="margin-left: 20px;"><u>DISRUPTIVES / OR NON-COMPLIANTS.</u></p>																			
5 Were alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe: <p style="margin-left: 20px;">put it down</p> <p style="margin-left: 20px;">drop it</p> <p style="margin-left: 20px;">step back</p>																			
6 Describe the incident and the specific force used:																			
<p style="margin-left: 20px;"><u>AT APPROXIMATELY 0925 HOUR I CO</u></p> <p style="margin-left: 20px;"><u>WAS CONDUCTING A SEARCH OPERATION WHEN I</u></p> <p style="margin-left: 20px;"><u>HEARD A COMMOTION AT THE BACK OF THE HOUSING AREA</u></p> <p style="margin-left: 20px;"><u>I STEPPED BACK AND DID NOT SEE ANYTHING OCCURRING. I</u></p> <p style="margin-left: 20px;"><u>PROCEEDED TO CONTINUE TO SEARCH AN UNKNOWN INMATE.</u></p> <p style="margin-left: 20px;"><u>I AGAIN HEARD A COMMOTION AND UNARMED AGENTS DEPLOYED.</u></p> <p style="margin-left: 20px;"><u>WHEN I STEPPED BACK I WITNESSED MULTIPLE ESU STAFF</u></p> <p style="margin-left: 20px;"><u>MEMBERS ENGAGED WITH AN ACTIVELY RESISTANT INMATE ON</u></p> <p style="margin-left: 20px;"><u>THE TIER. HE WAS TWISTING AND TURNING PULLING MONY FROM</u></p> <p style="margin-left: 20px;"><u>SOMEONE AND REFUSING TO COMPLY WITH BRIEFLY SECURED.</u></p> <p style="margin-left: 20px;"><u>I THEN TOLD THE INMATE PLEASE SIT DOWN TO HAVE A</u></p> <p style="margin-left: 20px;"><u>SEAT ON HIS BED. I THEN SECURED THE CELL AND PROCEEDED TO</u></p> <p style="margin-left: 20px;"><u>HASTILY MAKE MY PRESENCE IN THE SITUATION. SIMULTANEOUSLY</u></p> <p style="margin-left: 20px;"><u>AS I APPROACHED THE INCIDENT I SAW ANOTHER UNKNOWN INMATE</u></p> <p style="margin-left: 20px;"><u>RUSH OUT OF HIS CELL PUSHING AND GRABBING AN ESU STAFF</u></p>																			

6 (Continued)

STAFF MEMBER THIS WAS FOR THOU BEGAN TO RENDER ASSISTANCE TO THAT INCIDENT, MOMENTARILY STANDING OVER INOWDALS ON THE GROUND. I REGAINED MY BREATH AND GRABBED THE RIGHT ARM OF SAID INMATE. HE WAS ACTIVELY RESISTING AND I WAS UNDER THE EFFECTS OF THE CHEMICAL / AGENTS. THAT SATURATED THE AREA. I FORCIBLY PLACED HIS HANDS BEHIND HIS BACK. HE CONTINUED TO ATTEMPT TO TWIST AND TURN HIS UPPER BODY. TO CEASE THE MOVEMENT. I REPOSITIONED MYSELF TO PLACE MY KNEE ON HIS SHOULDER TO PREVENT THE MOVEMENT AND ONCE OPERATIONAL RESTRAINTS WERE APPLIED AND I REMOVED MYSELF FROM THE AREA TO DECONTAMINATE FROM THE CHEMICAL AGENTS. ONCE I WAS SLIGHTLY ABLE TO SEE AND FEEL SYMPTOMS I RETURNED TO THE AREA AND CONTINUED WITH THE SEARCH OPERATION. I REALIZED MY CAMERA [REDACTED] WAS OFF DURING THE USE OF FORCE WHICH OCCURRED AS A RESULT OF ME POWERING IT OFF FOR THE PRIVACY OF THE INMATE DURING THE STRIP SEARCH.

7 Explain in detail why force was necessary to control the situation:

PREVENT HARM TO STAFF, CEASE AGGRESSION
ENFORCE DEPARTMENTAL RULES AND REGULATIONS

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Arms/hand / legs.

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the use of force:

Captain [REDACTED]

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? YES NO
If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

	Rank/Title	Shield/ID Number	Account of Actions
1	(U)	[REDACTED]	present
2	Name: (U) Rank/Title: Shield/ID Number: Account of Actions: present		
3	Name: (U) Rank/Title: Shield/ID Number: Account of Actions: present		

11 Did any other inmates witness the incident? YES NO If YES, specify:

Last Name	First Name	Book and Case or Sentence Number
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

12 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

13 Did you claim any injuries as a result of the incident? YES NO If YES, describe your injuries and how each was sustained:

Sub: [REDACTED] Signature: [REDACTED]
en [REDACTED]

	CITY OF NEW YORK – CORRECTION DEPARTMENT					FORM #5006-A	Eff.: 09/27/2017												
USE OF FORCE REPORT							PART A												
INSTRUCTIONS : PRINT ALL INFORMATION To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.				DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS / PRESENT AT THE SCENE? <input checked="" type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>IF WITNESS or only PRESENT, THEN COMPLETE part A-1, NOT this report.</small>															
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:													
RNDC	4/4/23	4/4/23	Approx. 0930	144RN74	1703/23														
Location Where incident Occurred:		Post Assigned at Time of Incident:			Tour:														
5 Upper North Cell #24		ESU SUPERVISOR			0700 X 1531														
1 Was Supervisor notified before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, write in full NAME, RANK and SHIELD#: Captain																			
2 Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #: ADW				Time Notified: 1030															
3 State name(s) of inmate(s) against whom force was used:				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Last Name</th> <th style="width: 25%;">First Name</th> <th style="width: 25%;">B&C or Sent. Number</th> <th style="width: 25%;">Infraction Written?</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </tbody> </table>				Last Name	First Name	B&C or Sent. Number	Infraction Written?	1			<input type="checkbox"/> YES <input type="checkbox"/> NO	2			<input type="checkbox"/> YES <input type="checkbox"/> NO
Last Name	First Name	B&C or Sent. Number	Infraction Written?																
1			<input type="checkbox"/> YES <input type="checkbox"/> NO																
2			<input type="checkbox"/> YES <input type="checkbox"/> NO																
4 Explain in detail the sequence of events leading up to the Incident, based on your own observations, including whether the force was anticipated (i.e., it was apparent that staff would likely need to use force to address the situation there was time to prepare a plan of action prior to using force):																			
<p>On Tuesday April 4, 2023, during the 0700 x 1531 Tour, I Captain [REDACTED] assigned as the ESU Rapid Response Team Supervisor, reported to RNDC 5 Upper North to conduct a search. Prior to the Commencement of the search, all inmates were secured in their assigned cells. During this assignment, Officer [REDACTED] was standing in front of Cell #24 to start the strip search of Person in custody [REDACTED]. I witness Officer [REDACTED] give the subject a direct order to drop an item that he was holding but he refused and at the same time chemical agents were dispersed towards the facial Area of inmate [REDACTED].</p> <hr/> <hr/> <hr/> <hr/> <hr/>																			
5 Were alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe: <p>Before force was used, this writer heard ESU staff say put it down to inmate [REDACTED] while standing in Front of cell #24. Verbal commands were also giving during the incident to stop resisting.</p> <hr/> <hr/> <hr/> <hr/> <hr/>																			
6 Describe the incident and the specific force used:																			
<p>At approx. 0930 Hours on the above date, PIC [REDACTED] once under the affects of chemical agents, threw a book towards the facial area of officer [REDACTED] and attempted to rush out of the cell. Officer [REDACTED] assisted with trying to secure the inmate inside of cell #24. The subject who was a large individual continued to physically resist by pushing and throwing punches. I then grabbed the upper shoulders and shirt of inmate [REDACTED] and assisted with taking him down to the ground on the tier of 5 upper north. ESU Staff then assisted with securing inmate [REDACTED], when simultaneously inmate [REDACTED] rushed out of Cell #25 in attempt to assault staff. I then witnessed Officer [REDACTED] utilize upper body control holds by grabbing inmate [REDACTED] and taking him down to the ground. ESU Staff also rendered assistance by utilizing control holds to secure the subject while on the ground. Officer [REDACTED] was witnessed securing the legs of inmate [REDACTED]. Once all individuals were secured, they were assisted to their feet and escorted out the housing area. Shortly after I called RNDC control for a Facility escort team so they could be taken to the main intake to decontaminate. While my team waited for the escort team, both inmates continued with verbal threats toward staff members. Shortly after, the facility</p>																			

(Continued)

6

Escort team arrived, and both inmates were relinquished. As inmate [REDACTED] was being escorted down the Stairs of 5 upper north, said inmate spat through the gates striking me on the left shoulder. The Facility Escort team then removed both inmates out of the area terminating this incident.

7 Explain in detail why force was necessary to control the situation:

Force was necessary to prevent injury to staff

8 Identify the part(s) of the inmate's body (ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Upper and Lower Body. Force was used on inmate's legs and both arms. No visible apparent injuries.

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

Captain [REDACTED]

10 Were any other staff involved in or present at the time of the incident? YES NO

If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank	Shield Number	Account of Actions
[REDACTED]	C.O	[REDACTED]	Strip search of subject

1 Utilized Chemical agents

Name	Rank	Shield Number	Account of Actions
[REDACTED]	C.O	[REDACTED]	

2 Utilized upper body control holds to take inmate down to the ground.

Name	Rank	Shield Number	Account of Actions
[REDACTED]	C.O	[REDACTED]	

3 Utilized Lower body control holds to secure PIC Legs.

11 Did any other inmates witness the incident? YES NO If YES, specify:

Last Name	First Name	Book and Case or Sentence Number
[REDACTED]		
[REDACTED]		
[REDACTED]		

12 Where you responsible for escorting the YES NO If Yes, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Did you claim any injuries as a result of the incident YES NO If YES, describe your injuries and how each was sustained:

13

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

Signature:

Capt. [REDACTED]

	CITY OF NEW YORK – CORRECTION DEPARTMENT				FORM #5006-A	EFF.: 9/27/2017												
USE OF FORCE REPORT					PART A													
INSTRUCTIONS : PRINT ALL INFORMATION To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and information Section # on each attached page.			DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS / PRESENT AT THE SCENE? <input checked="" type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>IF WITNESS or only PRESENT, THEN COMPLETE part a-1, NOT this report.</small>															
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:												
RNDC	04 APR 2023	04 APR 2023	Appx 0930hr	1461RN74	178323													
Location Where incident Occurred: 5 UPPER NORTH		Post Assigned at Time of Incident: ESU RRT		Tour: 0700x1531hrs														
1 Was Supervisor notified before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, write in full NAME, RANK and SHIELD#: Captain																		
2 Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #: Captain Time Notified: Present on scene																		
3 State name(s) of inmate(s) against whom force was used:																		
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1			<input type="checkbox"/> YES <input type="checkbox"/> NO															
2			<input type="checkbox"/> YES <input type="checkbox"/> NO															
Explain in detail the sequence of events leading up to the incident, based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force);																		
4 On Tuesday April 4, 2023 I CO [REDACTED] assigned to the ESU Rapid Response Team on the 0700x1531hr tour Under the supervision of ESU Captain [REDACTED] had been tasked with conducting a search of Persons in custody (PIC) located in facility RNDC assigned to housing area 5 Upper North. Upon reaching The designated housing area 5 Upper North the order was given by ESU Captain [REDACTED] for the ESU RRT to enter the housing area and commence with the Search operation. I CO [REDACTED] had been conducting A search of an unknown PIC assigned to 5 Upper North 26 cell when I heard the order to secure the cell door Closed.																		
INITIAL ATTORNEYS' EYES ONLY																		
5 Were alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe: I CO [REDACTED] did not hear any verbal commands attempted before force was used. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>																		
6 Describe the incident and the specific force used: Upon hearing the instructions to secure the cell doors by ESU Staff I CO [REDACTED] closed and secured the door Of the cell that was occupied by the unknown Person in Custody that I had been conducting a search of. Immediately to my right I observed fellow ESU Officer [REDACTED] attempting to secure Person in Custody later identified as [REDACTED] who had been actively resisting by fighting Officer [REDACTED] and attempting to pull away from Officer [REDACTED] control holds. This writer then utilized Control holds to [REDACTED]'s legs and assisted in taking him down to the housing area floor. Subject [REDACTED] Continued his aggression by attempting to pull away and twist his body and arms away from this writer's Control holds. After a struggle I was able to secure subject [REDACTED]'s legs on the housing area floor. Mechanical hand restraints were applied to subject [REDACTED]'s right and left wrists by ESU staff securing the previously combative PIC. Upon subject being secured this writer released my control holds of subject's legs and then donned my gas mask due to the effects of the chemical agent that had been utilized. The order was given by ESU Captain [REDACTED] to assist Subject [REDACTED] to his feet and he was escorted To the front of the housing area by fellow ESU Staff. Subject [REDACTED] was then relinquished to the Facility																		

Continued on Reversed Side

Escort team and escorted out of the area.

7 Explain in detail why force was necessary to control the situation:
Force was utilized to enforce institutional policy and procedures and to prevent injury to staff.

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
Subject's Left arm, right arm, left and right Legs.

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:
ESU Captain [REDACTED] # [REDACTED] was present on scene.

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? YES NO
 If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	Utilized Force

1

Name	Rank	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	Utilized Force

2

Name	Rank	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	Utilized Force

3

Name	Rank	Shield/ID Number	Account of Actions
[REDACTED]	CO	[REDACTED]	Utilized Force

11 Did any other inmates witness the incident? YES NO If YES, specify:

Last Name	First Name	Book and Case or Sentence Number
[REDACTED]	Unknown	
[REDACTED]		
[REDACTED]		

12 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

13 Do you claim any injuries as a result of the incident? YES NO If YES, describe your injuries and how each was sustained:
Pain in my RT shoulder, RT wrist, RT Knee, LT Hip. Sustained trying to secure PIC [REDACTED] to the floor.

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #) **[REDACTED] CO [REDACTED]** Signature: **[REDACTED]**